

## RIGHTS WARNING STATEMENT

For use of this form see AR 600-8-1

LOCATION	DATE	TIME	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER		GRADE/STATUS
ORGANIZATION OR ADDRESS			

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I UNDERSTAND THAT, BY LAW, I AM NOT REQUIRED TO MAKE ANY STATEMENT RELATING TO THE ORIGIN, INCURRENCE OR AGGRAVATION OF ANY INJURY OR MEDICAL PROBLEM INCURRED WHILE IN A DUTY STATUS. I UNDERSTAND MY RIGHTS AND HAVE ELECTED:

\_\_\_\_\_ TO MAKE A STATEMENT

\_\_\_\_\_ NOT TO MAKE A STATEMENT

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_